

PART B -FEE(S) TRANSMITTAL

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LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP
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Robert B. Cohen	(Depositor's name)
/Robert B. Cohen/	(Signature)
April 22, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/888,199	06/23/2001	David O'Leary	TEVNHC 3.0-031	8435

TITLE OF INVENTION: RESERVOIR PRESSURE SYSTEM FOR MEDICAMENT INHALER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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Non-Provisional	no	\$1,510.00	\$300.00	\$1,810.00	04/27/2009
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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N. B. Patel	3772	128-200230
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Lerner, David, Littenberg, Krumholz & Mentlik, LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1	_____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.	2	_____
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Norton Healthcare Ltd

United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature	/Robert B. Cohen/	Date	April 22, 2009
Typed or printed name	Robert B. Cohen	Registration No.	32,768

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Robert B. Cohen

Typed or printed name of person signing Certificate

32,768
Registration Number, if applicable

(908) 518-6316
Telephone Number

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Issue Fee Transmittal (1 page)
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